



PATIENT'S INFORMATION

Patient's Name	Marital Status					Date of Birth / /	Age	Sex	Social Security #
	S	M	W	D	SEP				
Street Address	City, State, Zip								
Home Phone #	Cell Phone #					Email			
Patient's Employer									
Spouse's Name					Spouse's Employer				
Referred By									
Name of Nearest Relative Not Living at Home					Phone			Relationship to Patient	

IF THE PATIENT IS A MINOR OR STUDENT

Father's Name	Street Address, City, State, Zip	Phone #
Father's Employer		
Mother's Name	Street Address, City, State, Zip	Phone #
Mother's Employer		
Person Responsible for Payment, if Not Above	Street Address, City, State, Zip	Phone #

INSURANCE INFORMATION

Primary Dental Insurance	Subscriber Name		Subscriber Birthdate / /
Policy ID #	Group #		
Do You have Secondary Dental Insurance	Yes	No	Insurance Company Name

Gateway Endodontics is a fee for service practice. A patient's portion for treatment is due at the time of service. If insurance information is provided, an **estimated** copayment will be provided based off of the information collected from your insurance carrier. As a courtesy, our office will file an insurance claim with your carrier for services rendered. Insurance benefits are not a guarantee of coverage and any copayment provided by our practice is an **estimate** not a guarantee of payment. Gateway Endodontics accepts the following payment methods — cash, check, credit card, and/or CareCredit. A 3% surcharge will be added to credit card transactions.

Patient Name: _____ Date: _____

RICHARD ORRICK, DMD, MSD